



Department of Medical Assistance Services  
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<http://www.dmas.virginia.gov>

# MEDICAID MEMO

**TO:** All Prescribing Providers, Pharmacists, and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

**FROM:** Jennifer S. Lee, M.D., Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 11/15/18

**SUBJECT:** Virginia Medicaid Preferred Drug List / Common Core Formulary Changes, *Effective January 1, 2019*, and Drug Utilization Review Board-Approved Drug Service Authorization

The purpose of this memorandum is to inform providers about changes to Virginia Medicaid's Fee-for-Service (FFS) Preferred Drug List (PDL) Program that will be effective on January 1, 2019 and new drug service authorization (SA) requirements approved by the DMAS Drug Utilization Review (DUR) Board. The FFS PDL changes also apply to the Common Core Formulary utilized by the Medicaid managed care health plans participating in the Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0 programs. The DMAS PDL does not apply to members enrolled in Medallion 3.0 managed care health plans or FAMIS.

## **DMAS Drug Utilization Review Board Activities**

The DMAS DUR Board met on September 13, 2018 and recommended that DMAS require prescribing providers to submit a SA for the following drugs based on FDA approved labeling:

Aimovig<sup>TM</sup> (erenumad-aooe)  
Cimduo<sup>TM</sup> (lamivudine/tenofovir)  
Jynarque<sup>TM</sup> (tolvaptan)  
Lucemyra<sup>TM</sup> (lofexidine)  
Osmolex ER<sup>TM</sup> (amantadine ER)

Palynziq<sup>TM</sup> (pegvaliase-pqpz)  
Symfi<sup>TM</sup> (efavirenz/lamivudine/tenofovir)  
Tavalisse<sup>TM</sup> (fostamatinib)  
Yonsa<sup>TM</sup> (abiraterone)

## **Preferred Drug List (PDL) Updates – Effective January 1, 2019**

The PDL is a list of preferred drugs by select therapeutic class, for which the Medicaid FFS program allows payment without requiring SA. In designated classes, drug products classified as non-preferred will be subject to SA. In some instances, other additional **clinical** criteria may apply to a respective drug class, which could result in the need for a SA.

The PDL program aims to provide clinically effective and safe drugs to its members in a cost-effective manner. Your continued compliance and support of this program is critical to its success. The PDL is effective for the Medicaid FFS population and members covered under the CCC Plus managed care program (with the exception of dual eligible members) and the Medallion 4.0 program.

The DMAS Pharmacy and Therapeutics (P&T) Committee conducted its annual review of the PDL Phase I drug classes on September 26, 2018. **The Committee approved the following changes and additions to Virginia Medicaid's PDL:**

Drug Class	Preferred	Non-Preferred (requires SA)
Alzheimer's Agents		memantine oral soln
Antibiotics, Vaginal	Vandazole™	
Anticonvulsants	carbamazepine XR, diazepam (rectal), diazepam device (rectal), primidone	Diastat®, Diastat®AcuDial™, Dilantin® Infatab, Phenytek®, Tegretol® XR
Antipsychotics (long-acting injections)	Aristada™ Initio	
Antipsychotics (oral & short-acting injections)	olanzapine (IM)	aripiprazole oral solution, Geodon® (IM), Nuplazid®, olanzapine/fluoxetine*
Beta Blockers (oral)	bisoprolol, propranolol ER	Kaspargo™ Sprinkle
Bladder Relaxants	cxybutynin ER	Oxytrol® for Women OTC (transdermal)
Calcium Chanel Blockers		diltiazem LA (authorized generic), verapamil 360 mg capsule
COPD (closed class)	Anoro® Ellipta®, Stiolto® Respimat®	
Glucocorticoids, Inhaled		QVAR®
Intranasal Rhinitis Agents		Patanase®
Lipotropics	ezetimide	Zetia®
Ophthalmics, Antibiotics	bacitracin/polymixin B sulfate oint	neomycin/polymixin/gramicidin, sulfacetamide ophth soln
Ophthalmics, Glaucoma Agents		Betopic S®
Proton Pump Inhibitors (PPIs)		omeprazole magnesium (OTC); omeprazole (OTC)
Pulmonary Arterial Hypertension Agents		Tadalafil, Tracleer® susp

\*Members currently receiving Geodon® (IM), Nuplazid or olanzapine/fluoxetine will be “grandfathered” for a period not to exceed one year. After that time, the prescriber will need to submit a service authorization request documenting the medical necessity of the non-preferred drug.

Virginia's PDL can be found at <https://www.viriniamedicaidpharmacyservices.com/>. In addition, a copy of the PDL can be obtained by contacting the Magellan Clinical Call Center at 1-800-932-6648. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program can be emailed to [pdlinput@dmass.virginia.gov](mailto:pdlinput@dmass.virginia.gov).

#### **PDL and DUR Service Authorization Process**

A message indicating that a drug requires a SA will be returned at the point of sale (POS) when a prescription for a non-preferred drug is entered at POS. Pharmacists should contact the member's prescribing provider to request that they initiate the SA process. Prescribers can request a SA by mail, faxing to 1-800-932-6651 or contacting the Magellan Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Magellan Medicaid Administration  
ATTN: MAP Department/ VA Medicaid  
11013 W. Broad Street, Suite 500  
Glen Allen, Virginia 23060

Service authorizations forms are available online at [www.viriniamedicaidpharmacyservices.com](http://www.viriniamedicaidpharmacyservices.com). The PDL criteria for SA purposes are also available on the same website.

<b>DMAS Contact Information for Participating Pharmacies</b>		
<b>Provider Information</b>	<b>Telephone Number(s)</b>	<b>Information Provided</b>
<b>Pharmacy Call Center</b>	1-800-932-6648	Pharmacy claims processing questions, including transmission errors, claim reversals, generic drug program, problems associated with generic drugs priced as brand drugs, manufacturer obsolete date issues, determination if drug is eligible for federal rebate.  Questions regarding the PDL program, service authorization requests for non-preferred drugs, service authorization requests for drugs subject to clinical or prospective DUR (ProDUR) edits.
<b>Provider Helpline</b>	1-800-552-8627 (in state) 1-804-786-6273 (out of state)	All other questions concerning general Medicaid policies and procedures, provider enrollment and provider reimbursement.
<b>MediCall</b>	1-800-884-9730 or 1-800-772-9996	Automated Voice Response System for verifying Medicaid Eligibility.

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### **Medicaid Expansion**

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as “MEDICAID EXP.” If the individual is enrolled in managed care, the “MEDICAID EXP” segment will be shown as well as the managed care segment, “MED4” (Medallion 4.0), or “CCCP” (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: <http://www.dmas.virginia.gov/#/medex>.

<b><u>PROVIDER CONTACT INFORMATION &amp; RESOURCES</u></b>	
<b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	<a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>
<b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
<b>KEPRO</b> Service authorization information for fee-for-service members.	<a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a>
<b>Managed Care Programs</b> Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
<b>Medallion 4.0</b>	<a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a>
<b>CCC Plus</b>	<a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>
<b>PACE</b>	<a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>
<b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	<a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> For credentialing and behavioral health service information, visit: <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a> , email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> , or call: 1-800-424-4046
<b>Provider HELPLINE</b> Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627

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